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PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference
(if desired) (12 characters maximum) PA1664WO

Box No. I TITLE OF INVENTION

MICROSTRUCTURE COMPRISING AN ADHESIVE LAYER AND METHOD OF FABRICATION OF SAID MICROSTRUCTURE

Box No. II APPLICANT

This person is also inventor

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

Telephone No.

Faxsimile No.

Teleprinter No.

Applicant's registration No. with the Office

COMMISSARIAT A L'ENERGIE ATOMIQUE
31-33 Rue de la Fédération
F-75752 PARIS
France

State (that is, country) of nationality:
FRANCE

State (that is, country) of residence:
FRANCE

This person is applicant for the purposes of: all designated States all designated States except the United States of America the United States of America only the States indicated in the Supplemental Box

Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

This person is:

- applicant only
- applicant and inventor
- inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

RABAROT Marc
3 rue Casimir Brenier
F-38120 SAINT-EGREVE
France

State (that is, country) of nationality:
FRANCE

State (that is, country) of residence:
FRANCE

This person is applicant for the purposes of: all designated States all designated States except the United States of America the United States of America only the States indicated in the Supplemental Box

Further applicants and/or (further) inventors are indicated on a continuation sheet.

Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as:

agent

common representative

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

Telephone No.
+33 4 76 84 95 45

Gérard HECKE/Marie-Andrée JOUVRAY
Cabinet HECKE
WTC Europole, 5 place Robert Schuman - BP 1537
F-38025 GRENOBLE Cédex 1
France

Facsimile No.
+33 4 76 84 95 48

Teleprinter No.

Agent's registration No. with the Office

Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Continuation of Box No. III

FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

If none of the following sub-boxes is used, this sheet should not be included in the request.

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

BABLET Jacqueline
56 Avenue du Vercors
F-38450 LE GUA
France

This person is:

- applicant only
 applicant and inventor
 inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:
FRANCEState (that is, country) of residence:
FRANCE

This person is applicant for all designated States all designated States except the United States of America the United States of America only the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

This person is:

- applicant only
 applicant and inventor
 inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant for all designated States all designated States except the United States of America the United States of America only the States indicated in the Supplemental Box

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This person is:

- applicant only
 applicant and inventor
 inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

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State (that is, country) of residence:

This person is applicant for all designated States all designated States except the United States of America the United States of America only the States indicated in the Supplemental Box

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This person is:

- applicant only
 applicant and inventor
 inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant for all designated States all designated States except the United States of America the United States of America only the States indicated in the Supplemental Box

Further applicants and/or (further) inventors are indicated on another continuation sheet.

Box No. V DESIGNATION OF STATES *Mark the applicable check-boxes below; at least one must be marked.*

The following designations are hereby made under Rule 4.9(a):

Regional Patent

- AP** **ARIPO Patent:** **GH** Ghana, **GM** Gambia, **KE** Kenya, **LS** Lesotho, **MW** Malawi, **MZ** Mozambique, **SD** Sudan, **SL** Sierra Leone, **SZ** Swaziland, **TZ** United Republic of Tanzania, **UG** Uganda, **ZM** Zambia, **ZW** Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT (*if other kind of protection or treatment desired, specify on dotted line*)
- EA** **Eurasian Patent:** **AM** Armenia, **AZ** Azerbaijan, **BY** Belarus, **KG** Kyrgyzstan, **KZ** Kazakhstan, **MD** Republic of Moldova, **RU** Russian Federation, **TJ** Tajikistan, **TM** Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT
- EP** **European Patent:** **AT** Austria, **BE** Belgium, **BG** Bulgaria, **CH & LI** Switzerland and Liechtenstein, **CY** Cyprus, **CZ** Czech Republic, **DE** Germany, **DK** Denmark, **EE** Estonia, **ES** Spain, **FI** Finland, **FR** France, **GB** United Kingdom, **GR** Greece, **HU** Hungary, **IE** Ireland, **IT** Italy, **LU** Luxembourg, **MC** Monaco, **NL** Netherlands, **PT** Portugal, **RO** Romania, **SE** Sweden, **SI** Slovenia, **SK** Slovakia, **TR** Turkey, and any other State which is a Contracting State of the European Patent Convention and of the PCT
- OA** **OAPI Patent:** **BF** Burkina Faso, **BJ** Benin, **CF** Central African Republic, **CG** Congo, **CI** Côte d'Ivoire, **CM** Cameroon, **GA** Gabon, **GN** Guinea, **GQ** Equatorial Guinea, **GW** Guinea-Bissau, **ML** Mali, **MR** Mauritania, **NE** Niger, **SN** Senegal, **TD** Chad, **TG** Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (*if other kind of protection or treatment desired, specify on dotted line*)

National Patent (*if other kind of protection or treatment desired, specify on dotted line*):

<input type="checkbox"/> AE United Arab Emirates	<input type="checkbox"/> HR Croatia	<input type="checkbox"/> OM Oman
<input type="checkbox"/> AG Antigua and Barbuda	<input type="checkbox"/> HU Hungary	<input type="checkbox"/> PG Papua New Guinea
<input type="checkbox"/> AL Albania	<input type="checkbox"/> ID Indonesia	<input type="checkbox"/> PH Philippines
<input type="checkbox"/> AM Armenia	<input type="checkbox"/> IL Israel	<input type="checkbox"/> PL Poland
<input type="checkbox"/> AT Austria	<input type="checkbox"/> IN India	<input type="checkbox"/> PT Portugal
<input type="checkbox"/> AU Australia	<input type="checkbox"/> IS Iceland	<input type="checkbox"/> RO Romania
<input type="checkbox"/> AZ Azerbaijan	<input type="checkbox"/> JP Japan	<input type="checkbox"/> RU Russian Federation
<input type="checkbox"/> BA Bosnia and Herzegovina	<input type="checkbox"/> KE Kenya	
<input type="checkbox"/> BB Barbados	<input type="checkbox"/> KG Kyrgyzstan	<input type="checkbox"/> SC Seychelles
<input type="checkbox"/> BG Bulgaria	<input type="checkbox"/> KP Democratic People's Republic of Korea	<input type="checkbox"/> SD Sudan
<input type="checkbox"/> BR Brazil	<input type="checkbox"/> KR Republic of Korea	<input type="checkbox"/> SE Sweden
<input type="checkbox"/> BY Belarus	<input type="checkbox"/> KZ Kazakhstan	<input type="checkbox"/> SG Singapore
<input type="checkbox"/> BZ Belize	<input type="checkbox"/> LC Saint Lucia	<input type="checkbox"/> SK Slovakia
<input type="checkbox"/> CA Canada	<input type="checkbox"/> LK Sri Lanka	<input type="checkbox"/> SL Sierra Leone
<input type="checkbox"/> CH & LI Switzerland and Liechtenstein	<input type="checkbox"/> LR Liberia	<input type="checkbox"/> SY Syrian Arab Republic
<input type="checkbox"/> CN China	<input type="checkbox"/> LS Lesotho	<input type="checkbox"/> TJ Tajikistan
<input type="checkbox"/> CO Colombia	<input type="checkbox"/> LT Lithuania	<input type="checkbox"/> TM Turkmenistan
<input type="checkbox"/> CR Costa Rica	<input type="checkbox"/> LU Luxembourg	<input type="checkbox"/> TN Tunisia
<input type="checkbox"/> CU Cuba	<input type="checkbox"/> LV Latvia	<input type="checkbox"/> TR Turkey
<input type="checkbox"/> CZ Czech Republic	<input type="checkbox"/> MA Morocco	<input type="checkbox"/> TT Trinidad and Tobago
<input type="checkbox"/> DE Germany	<input type="checkbox"/> MD Republic of Moldova	<input type="checkbox"/> TZ United Republic of Tanzania
<input type="checkbox"/> DK Denmark	<input type="checkbox"/> MG Madagascar	<input type="checkbox"/> UA Ukraine
<input type="checkbox"/> DM Dominica	<input type="checkbox"/> MK The former Yugoslav Republic of Macedonia	<input checked="" type="checkbox"/> UG Uganda
<input type="checkbox"/> DZ Algeria		<input type="checkbox"/> US United States of America
<input type="checkbox"/> EC Ecuador		
<input type="checkbox"/> EE Estonia	<input type="checkbox"/> MN Mongolia	<input type="checkbox"/> UZ Uzbekistan
<input type="checkbox"/> ES Spain	<input type="checkbox"/> MW Malawi	<input type="checkbox"/> VC Saint Vincent and the Grenadines
<input type="checkbox"/> FI Finland	<input type="checkbox"/> MX Mexico	<input type="checkbox"/> VN Viet Nam
<input type="checkbox"/> GB United Kingdom	<input type="checkbox"/> MZ Mozambique	<input type="checkbox"/> YU Serbia and Montenegro
<input type="checkbox"/> GD Grenada	<input type="checkbox"/> NI Nicaragua	<input type="checkbox"/> ZA South Africa
<input type="checkbox"/> GE Georgia	<input type="checkbox"/> NO Norway	<input type="checkbox"/> ZM Zambia
<input type="checkbox"/> GH Ghana	<input type="checkbox"/> NZ New Zealand	<input type="checkbox"/> ZW Zimbabwe
<input type="checkbox"/> GM Gambia		

Check-boxes reserved for designating States which have become party to the PCT after issuance of this sheet:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Precautionary Designation Statement: In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except the designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (*Confirmation (including fees) must reach the receiving Office within the 15-month time limit.*)

Box No. VI PRIORITY CLAIM

The priority of the following earlier application(s) is hereby claimed:

Filing date of earlier application (day/month/year)	Number of earlier application	Where earlier application is:		
		national application: country or Member of WTO	regional application.* regional Office	international application: receiving Office
item (1) 20/12/2002	02 16272	FRANCE		
item (2)				
item (3)				
item (4)				
item (5)				

Further priority claims are indicated in the Supplemental Box.

The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (*only if the earlier application was filed with the Office which for the purposes of this international application is the receiving Office*) identified above as:

all items item (1) item (2) item (3) item (4) item (5) other, see
Supplemental Box

*Where the earlier application is an ARIPO application, indicate at least one country party to the Paris Convention for the Protection of Industrial Property or one Member of the World Trade Organization for which that earlier application was filed (Rule 4.10(b)(ii)):

Box No. VII INTERNATIONAL SEARCHING AUTHORITY

Choice of International Searching Authority (ISA) (*if two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used*):

ISA /EP.....

Request to use results of earlier search; reference to that search (*if an earlier search has been carried out by or requested from the International Searching Authority*):

Date (day/month/year)	Number	Country (or regional Office)
20/12/2002	02 16272	FRANCE

Box No. VIII DECLARATIONS

The following declarations are contained in Boxes Nos. VIII (i) to (v) (*mark the applicable check-boxes below and indicate in the right column the number of each type of declaration*):

Number of
declarations

- | | | |
|---|---|---|
| <input type="checkbox"/> Box No. VIII (i) | Declaration as to the identify of the inventor | : |
| <input type="checkbox"/> Box No. VIII (ii) | Declaration as to the applicant's entitlement, as at the international filing date, to apply for
and be granted a patent | : |
| <input type="checkbox"/> Box No. VIII (iii) | Declaration as to the applicant's entitlement, as at the international filing date, to claim the
priority of the earlier application | : |
| <input type="checkbox"/> Box No. VIII (iv) | Declaration of inventorship (only for the purposes of the designation of the United States of
America) | : |
| <input type="checkbox"/> Box No. VIII (v) | Declaration as to non-prejudicial disclosures or exceptions to lack of novelty: | : |

Box No. IX CHECK LIST; LANGUAGE OF FILING

This international application contains:		
(a) in paper form, the following number of sheets:		
request (including declaration sheets) : 5		
description (excluding sequence listings and/or tables related thereto) : 11		
claims : 2		
abstract : 1		
drawings : 4		
Sub-total number of sheets : 23		
sequence listings :		
tables related thereto :		
(for both, actual number of sheets if filed in paper form, whether or not also filed in computer readable form; see (c) below) :		
Total number of sheets :		
(b) <input type="checkbox"/> only in computer readable form (Section 801(a)(i))		
(i) <input type="checkbox"/> sequence listings		
(ii) <input type="checkbox"/> tables related thereto		
(c) <input type="checkbox"/> also in computer readable form (Section 801(a)(ii))		
(i) <input type="checkbox"/> sequence listings		
(ii) <input type="checkbox"/> tables related thereto		
Type and number of carriers (diskette, CD-ROM, CD-R or other) on which are contained the		
<input type="checkbox"/> sequence listings _____		
<input type="checkbox"/> tables related thereto _____		
(additional copies to be indicated under item 9(ii), in right column)		
Figure of the drawings which should accompany the abstract:	5	Language of filing of the international application:
Box No. X SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE		
Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).		
Marie-Andrée JOUVRAY Cabinet HECKE WTC Europeole, 5 place Robert Schuman BP 1537 38025 GRENOBLE Cédex 1, France (FR)		
Grenoble, on December 18, 2003		
For receiving Office use only		
1. Date of actual receipt of the purported international application:		2. Drawings: <input type="checkbox"/> received: <input type="checkbox"/> not received:
3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:		
4. Date of timely receipt of the required corrections under PCT Article 11(2):		
5. International Searching Authority (if two or more are competent): ISA /		
6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid		
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Date of receipt of the record copy by the International Bureau:		